

GOLDEN MILE REVITALIZATION TAX CREDIT APPLICATION FORM
Frederick County and the City of Frederick, Maryland

In order for applicants to receive a revitalization district tax credit, they must apply before May 1st for the tax credit to appear on the following Fiscal Year's tax bill (mailed July 1). Please submit this form to the State Department of Assessments and Taxation, 5310 Spectrum Drive, Suite E, Frederick, MD 21703.

I. APPLICANT

Name of Applicant: _____ Phone: _____

Address: _____

Property Location: _____

Rehabilitation Project Cost: \$ _____

Date Rehabilitation Project Began: _____ Date Rehabilitation Project Completed: _____

I hereby make oath that I am the present owner of the above property, that the subject property for which this tax credit application is submitted meets all of the requirements of Frederick County Code 1-8-301 and 1-8-302, and that this certification and the above information is true and correct.

Signature of Applicant

Date

II. STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

First full year the improvements were added to the assessment roll: _____

Increase in assessment attributable to reconstruction and improvement of property in the above historic district:

\$ _____ Account No. _____

Supervisor of Assessments

Date

III. CITY OF FREDERICK

I certify that the above property is located within the stated revitalization district of the Golden Mile in the City of Frederick, Frederick County, Maryland and that the rehabilitation project's pedestrian and vehicular connections to adjacent commercial properties have been approved by the City of Frederick's Planning Director as required by Frederick County Code 1-8-302.

Fiscal Year of Tax Credit	Assessment Increase	Tax Rate	% of Exemption *	Amount of Exemption
_____	_____	_____	_____	\$ _____

Director, Economic Development

Date

Mayor, City of Frederick

Date

IV. BOARD OF COUNTY COMMISSIONERS

Fiscal Year of Tax Credit	Assessment Increase	Project Cost	Tax Rate	% of Exemption *	Amount of Exemption
_____	\$ _____	\$ _____	_____	_____	\$ _____

President

Board of County Commissioners

Date

* THIS IS THE _____ YEAR THE APPLICANT HAS APPLIED FOR THE TAX CREDIT.